FORM 3

1002003437

FE5AN018

REPORT OF RECEIPTS

For An Authorized Committee

SECRETARY OF THE SENATE 10 JAN 29 PM 12: 42

					Office Use Only		
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typi er the lines.	ng, type	12FE4M	5	
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC)	2,6,1,0, ,p,1 1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0	A _I R _I V _I i			MN STATE	55+22-	
C0045324	3.	IS THIS REPORT	X NEV	OR	AMENI (A)	DED STATE ▼ DISTRICT	
4. TYPE OF REPORT (Choo (a) Quarterly Reports: April 15 Quarterly Re July 15 Quarterly Re	port (Q1)	12-Day PRE	Primary (12F)	General (* ***	
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)		Election on State of					
		Election on	M M	D 0 /	A A A A A A	in the State of	
5. Covering Period	ôi Z	० ०५	through	į ž	31	2009	
Certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneo	Charles e	ically	TH MY	CARTA	Date O	2010	
Office Use Only	and the state of t	- Industrial states	asjourne per	Sort aigning	ans report to the	FEC FORM 3 (Revised 02/2003)	